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Application Number	10/628,634
Filing Date	07/28/2003
First Named Inventor	KLING, JEAN CHRISTOPHE JACQUES
Art Unit	3635
Examiner Name	JESSICA LAUX
Attorney Docket Number	02-015

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

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 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	JEAN CHRISTOPHE KLING		
Date	2/20/2007	Telephone	303 499 8227

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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